

PART B - FEE(S) TRANSMITTAL

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7590 09/16/2010

D. PETER HOCHBERG CO., L.P.A.
1940 EAST 6TH STREET
CLEVELAND, OH 44114

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Pamela Korzeniowski	(Depositor's name)
<i>Pamela Korzeniowski</i>	(Signature)
December 7, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/532,999	12/22/2005	Marc Riemenschneider	RO0989US.RCE2 (#90568)	1652

TITLE OF INVENTION:

MOISTURE-ACTIVATABLE ADHESIVES FOR MEDICAL APPLICATION PURPOSES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1,510.00	\$300.00	\$1,810.00	12/16/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS	CLASS-SUBCLASS
Kim M. Lewis	3772	602-0520001	FC:1501

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

.. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

.. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list:

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 D. Peter Hochberg

2 Sean F. Mellino

3 Daniel J. Smola

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

LTS Lohmann Therapie-Systeme AG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Andernach, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): .. Individual ☒ Corporation or other private group entity .. Government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies 5

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5. Change in Entity Status (from status indicated above)

.. a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. .. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

Typed or printed name D. Peter HochbergRegistration No. 24,603

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